

ORIGINAL



0000083568

Dear Sir:

I am sending you a copy of my husband Earl DAVIS death Certificate. He past away august 15 2007. I notice you still have me listed as a joint Petitioner. The Property has been put in my name only (Lot 208.) It should not be listed as joint. I am single and you mistakenly listed me Erna DAVIS on the petition as joint please correct it and remove the joint from parcel (310-32 208) Property 208. Hillcrest Bay Manor.

Thank you

Erna Davis

E-01345A-07-0663
No Docket T-01846B-07-0663

address = Erna DAVIS
922 May View Dr
Parker, AZ 85344

Phone (928) 667-3775

Lot 208

RECEIVED
2008 MAY -2 A 10:38
ARIZONA CORPORATION COMMISSION
DOCKET CONTROL

Arizona Corporation Commission
DOCKETED

MAY 02 2008

FILED BY	NR
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CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA

DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
 CERTIFICATE OF DEATH

NAME OF DECEASED: A. FIRST **EARL** B. MIDDLE **LEONARD** C. LAST **DAVIS** SEX **2. MALE** DATE OF DEATH **3. AUGUST 15, 2007**

RACE (e.g., white, black, American Indian, (specify tribe) etc.) **4A. [REDACTED]** WAS DECEASED EVER IN U.S. ARMED FORCES? **4C. [REDACTED]**

PLACE OF BIRTH: 6A. COUNTY **[REDACTED]** 6B. TOWN OR CITY **[REDACTED]** 6C. HOSPITAL OR (IF RESIDENCE, GIVE STREET ADDRESS) **[REDACTED]** 6D. DOA OF EMER. ☐ IN PATIENT ☐

DATE OF BIRTH: MONTH **[REDACTED]** DAY **[REDACTED]** YEAR **[REDACTED]** AGE (YEARS) **[REDACTED]** MOS. **[REDACTED]** DAYS **[REDACTED]** IF UNDER 1 YEAR **[REDACTED]** IF UNDER 1 DAY **[REDACTED]** HRS. **[REDACTED]** MIN. **[REDACTED]** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **5. MARRIED** SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) **10. ERNA [REDACTED]**

STATE AND (IF NOT IN U.S., GIVE COUNTRY) **[REDACTED]** CITIZEN OF WHAT COUNTRY **[REDACTED]** SOCIAL SECURITY NO. **[REDACTED]** USUAL OCCUPATION (Give kind of work done most of working life, even if retired) **[REDACTED]** 14. **[REDACTED]** KIND OF BUSINESS OR INDUSTRY **[REDACTED]** 14B. **[REDACTED]** EDUCATION HIGHEST GRADE COMPLETED **[REDACTED]**

USUAL RESIDENCE: 15A. STATE **ARIZONA** 15B. COUNTY **LA PAZ** 15C. TOWN OR CITY **PARKER** 15D. ZIP CODE **85344** 17. ELEMENTARY SECONDARY (1-4 or 5+) **[REDACTED]** 18A. **[REDACTED]** 18B. **[REDACTED]**

STREET ADDRESS OF R.F.D. **922 MAXVIEW DRIVE** 19. FATHER'S NAME: A. FIRST **[REDACTED]** B. MIDDLE **[REDACTED]** C. LAST **[REDACTED]** 20. MOTHER'S MAIDEN NAME **[REDACTED]** A. FIRST **[REDACTED]** B. MIDDLE **[REDACTED]** C. LAST **[REDACTED]**

INFORMANT'S SIGNATURE **[REDACTED]** RELATIONSHIP TO DECEASED **[REDACTED]** ADDRESS **[REDACTED]** STREET NO. **[REDACTED]** CITY AND STATE **[REDACTED]** ZIP CODE **[REDACTED]**

21. BURIAL, CREMATION, REMOVAL, OTHER (Specify) **[REDACTED]** 22. CEMETERY OR CREMATOR **[REDACTED]** 23. EMBALLER'S SIGN. **[REDACTED]** CERT. NO. **[REDACTED]**

24. FUNERAL HOME **[REDACTED]** T. NO. **[REDACTED]**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

30. SIGNATURE AND TITLE **[REDACTED]** DATE SIGNED (Mo., Day, Year) **31. 08/16/2007** HOUR OF DEATH **32. 0240**

33. NAME OF ATTENDING PHYSICIAN OF OTHER THAN CERTIFIER (Type or print) **[REDACTED]** 34. SIGNATURE AND TITLE **[REDACTED]** DATE SIGNED (Mo., Day, Year) **[REDACTED]** HOUR OF DEATH **36. [REDACTED]**

35. PRONOUNCED DEAD (Mo., Day, Year) **[REDACTED]** 37. ON **[REDACTED]** 38. AT **[REDACTED]**

NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY **DR. M. KAZMI MD, 150 RIVERA DRIVE, LAKE HAVASU CITY, AZ 86403** AUTHORIZED FOR CREMATION (SPECIFY) **[REDACTED]** MEDICAL EXAMINER'S SIGNATURE **[REDACTED]**

47A. IMMEDIATE CAUSE (ORIGINAL THEREAS CAUSE OF DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE)

47B. DUE TO OR AS A CONSEQUENCE OF **[REDACTED]**

47C. DUE TO OR AS A CONSEQUENCE OF **[REDACTED]**

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH **[REDACTED]**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

48. MANNER OF DEATH: ☐ NATURAL CAUSES ☐ HOMICIDE ☐ ACCIDENT ☐ FENDING INVESTIGATION ☐ SUICIDE ☐ UNDETERMINED

DATE OF INJURY: MO **[REDACTED]** DAY **[REDACTED]** YR **[REDACTED]** HOUR **[REDACTED]** INJURY AT WORK? (Specify Yes or No) **54. [REDACTED]** DESCRIBE HOW INJURY OCCURRED **55. [REDACTED]**

PLACE OF INJURY (At home, farm, street, factory, office building, etc.) **56. [REDACTED]** WHERE LOCATED? **57. [REDACTED]** STREET ADDRESS **[REDACTED]** CITY OR TOWN **[REDACTED]** STATE **[REDACTED]**

SUPPLEMENTARY ENTRIES **[REDACTED]**

9/7/2007

Patricia Adams
 PATRICIA ADAMS
 ASSISTANT STATE REGISTRAR

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

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